

Instructions for the PHC 225 Form

Reporting Instructions for Contractors with a Traditional Primary Health Care (PHC) contract

DSHS is required by legislative mandate to report on the performance of the Primary Health Care Program (PHC). Tracking the number of clients receiving PHC services allows us to better understand the scope of the medical needs of this population and helps to tailor future programs to their needs. Tracking the number of clients provided key services helps us to show the purpose and the value of the program to stakeholders and sustain funding. As a contractor, you are a vital part of this documentation process.

This document provides step-by-step instructions on how to fill out and submit the revised PHC 225 form, which documents the number of clients receiving various services through PHC. This form must be submitted monthly with your agency's B13 form. Your agency cannot be reimbursed until this form has been filed with the Department of State Health Services (DSHS).

The PHC 225 form will be submitted via email with your B13 form. The PHC 225 and B13 forms are enterable PDFs. You can enter your information into the form directly into the appropriate fields. Data can be entered and saved using Adobe Acrobat Reader. Also, by clicking on "Submit Form," an automatic email will be generated and this form will be attached to that email. Scanned or photocopied versions of this form will not be accepted and will be returned to the agency.

Header Information:

| | | | | |
|-------------------|--------|------------------|-----|----------------|
| Reporting Period: | Aug-16 | Contract Number: | PHC | Senior Project |
| Vendor ID: | | Purchase Order: | | |
| Contractor Name: | | | | City: |
| Name of Contact: | | | | Phone: |
| | | Quarter 4 | | |

1. Click on the Voucher Type and select the type of voucher that is being submitted with the PHC 225 form. The voucher type can be Initial Submissions, Revised, or Supplemental. This designation should match the B13 form.
2. The Reporting Period should cover the same period as indicated on the B13 Form that is submitted with it. Make sure to double check that you selected the correct month. Special information may need to be collected depending on the selected month.
3. Enter in your Contract Numbers [2016-(6-digit Contract ID)-(Attachment Number)] and Purchase Order for the appropriate PHC program.

Enter in the Purchase Order number for your contract. If your agency receives additional PHC funding through the Senior Project, please enter that contract number and Purchase Order number.

4. Enter your agency's 14-Digit DSHS Vendor ID and Contractor Name. The Vendor ID will be the same number for both Traditional and EPHC contracts. Contractor Name is the official name used by your agency to contract with DSHS.

5. Enter in the Name of Contact. This contact should be the person submitting the forms or be the person that we can contact if there are questions. Enter the city where the agency is located and the phone number of the contact submitting the PHC 225 and the B13 form.

Section A Instructions:

| PLEASE ONLY INCLUDE INFORMATION FOR PHC CONTRACTS | | | |
|---|---------------------|-------------------|-----------------|
| PHC Section A: CONTRACT YEAR TO DATE total client count | Female 18 and older | Male 18 and older | Younger than 18 |
| PHC Unduplicated Clients (YEAR TO DATE) | | | |

1. Enter the year to date (YTD) total Unduplicated Client Count for all contracts and for each group. The Unduplicated Client Count is the number of new clients seen under PHC. **A new client is any client that has not been previously served in the contracting period (even if they are an established client).** The unduplicated client count can be thought of as the total number of individuals that have been served through the PHC program. This client count should be YTD total. That is, from the beginning of the contract period until the end of this reporting period, how many individuals were served in the PHC program?

For clients that are first seen when they are 17, then are seen again when they are 18: If that client's visit and services are paid for by Traditional PHC, for total client count in Section A, the client should be counted in the "Younger than 18" column. The client *should not* be counted again in Section A even if he or she is seen again after turning 18.

HOWEVER, it is important to note that while the unduplicated client count in Section A is age at first service, the client count for each service category (below) is the age at which that service type was first delivered.

Section B Instructions: Contract YTD number of clients (individuals) seen for each service

| PHC Section B: CONTRACT YEAR TO DATE number of clients (individuals) seen for each Service Category | | | |
|---|-------------------------|-------------------|-----------------|
| Service Category | Female 18 and older (T) | Male 18 and older | Younger than 18 |

Overall Notes:

This section only needs to be completed for the following service periods: November 2015, February 2016, May 2016, and August 2016. These categories will appear in the reporting form after you have selected the correct reporting period.

This section is divided into Service Groups and Service Categories. The Service Groups are identified in the grey box on the far left of the form. The Service Categories are each row of the form. The Service

Categories represent services that map directly onto a Healthy People 2020 goal, are directly related to state-level public health goals, or allows us to show legislators and others how the PHC program is saving money in the whole health care system.

It is important to understand that Section B is asking 33 independent questions. We are not asking about all of the Service Categories together and expecting a patient to be classified into only one. It is also important to understand that we are not asking how many of the services were delivered (encounters). Rather, we are asking about each Service Category separately and asking how many patients (individuals) received this service. We really want to know: *of your PHC clients, how many individuals received X service.*

We are also not asking you to track clients, but rather track services and how many individuals were provided each service. We are asking for the data in this way because knowing the number of individuals served gives us a better understanding of the scope of the needs in the PHC population and how the PHC program is helping treat disease and treat chronic conditions, thus decreasing the burden on the hospital ER system. Encounter data provides an important insight into expense, but it does not help us understand how many women will be protected from cervical cancer because of screening, for example.

The client counts for each Service Category are independent. Within a Service Group they *do not* add together and across categories they *do not* add together to get the total client count. The only relation between the client counts reported in each Service Category and the total client count in Section A is that no single Service Category should exceed the total number of clients reported in Section A. It is also important to understand that the Services Categories are not related to each other. It is possible to have 100 total clients served and also report 100 new office visits and 100 established office visits. The Service Categories are independent and we are asking how many individuals were seen for that single service.

The client count should be Year to Date (YTD). The reporting should include the time period from the beginning of the contract to the last day of the current reporting period. The following instructions provide specific details about the definition of each Service Category, including the corresponding CPT codes when appropriate. These CPT codes are provided as a guide only. These codes are those that would have been used *if* the client was being billed to Medicaid. The CPT codes **do not** represent all of the services provided by PHC. They are also **not** meant to limit the services that can be provided by PHC. Rather they are a snapshot of a few key services that PHC provides.

Office Visit Service Section: CPT Code Definitions

| | | | | |
|---------------|------------------------------------|--|--|--|
| Office Visits | Office Visit - Postpartum | | | |
| | Office Visit - New Patient | | | |
| | Office Visit - Established Patient | | | |
| | Well-Woman Visit | | | |

| | |
|-------------------------------------|-----------------------------------|
| Office Visit – Postpartum: | 59430 |
| Office Visit - New Patient: | 99201, 99202, 99203, 99204, 99205 |
| Office Visit - Established Patient: | 99211, 99212, 99213, 99214, 99215 |
| Well-Woman Visit: | 99384-99387, 99394-99397 |

Family Planning Service Section: CPT Code Definitions

| | | | | |
|-----------------|---------------------------------------|--|--|--|
| Family Planning | Natural Family Planning Counseling | | | |
| | Contraceptive Clients | | | |
| | Contraceptive Clients receiving LARCs | | | |
| | Sterilization | | | |
| | Pregnancy Test | | | |

| | |
|---------------------------------------|---|
| Natural Family Planning Counseling | H1010 |
| Contraceptive Clients | A4261, A4266, 57170, A4267, A4268, A4269, S4993, J7300, J7302, 58300, J1050, J7303, J7304, J7307, 11981, 58600, 58565 |
| Contraceptive Clients receiving LARCs | J7300, J7301, J7302, 58300, J7307, 11981 |
| Sterilization | 58600, 58565 |
| Pregnancy Test | 84702, 84703, 81025 |

Cervical Cancer Screening Service Section: CPT Code Definitions

| | | | | |
|---------------------------|--|--|--|--|
| Cervical Cancer Screening | Pap tests and/or HPV Hi Risk DNA testing | | | |
| | Colposcopy, Biopsy, LEEP | | | |

Pap tests and/or HPV Hi Risk DNA testing 87621_{3,4}, 88141₃, 88142_{3,4}, 88143₃, 88150₃, 88164_{3,4}, 88174₃, 88175₃

Colposcopy, Biopsy, LEEP 57452_{3,4}, 57454_{3,4}, 57455₃, 57456_{3,4}, 57461_{3,4}, 57500₃, 57505_{3,4}, 57511₅, 57513₅, 57520_{3,4}, 57522_{3,4}, 58110_{3,4}

Hypertension & Diabetes Screening Service Section: Definitions

| | | | | |
|-----------------------------------|---|--|--|--|
| Hypertension & Diabetes Screening | Hypertension Screening | | | |
| | Clients being treated or managed for hypertension | | | |
| | Diabetes Screening | | | |
| | Clients being treated or managed for diabetes | | | |

| | |
|---|--|
| Hypertension screening | Enter the total number of individuals who have had at least one hypertension screen. If one individual has had multiple screenings, only count that individual once. It is expected that almost all clients will be counted in this Service Category |
| Clients being treated or managed for hypertension | Enter the number of individuals with hypertension that are currently being managed or treated. |
| Diabetes Screening | Enter the number of individuals who have had at least one diabetes screening. This screening is necessary for the initial diagnosis of diabetes. |
| Clients being treated or managed for diabetes | Enter the number of individuals that have been diagnosed with diabetes and whose diabetes is being managed or treated through the PHC program. |

Mammography and Radiology Service Section: CPT Code Definitions

| | | | | |
|-------------------------|---------------------------------|--|--|--|
| Radiology & Mammography | Mammograms & Other Breast Exams | | | |
| | X-rays & Biophysical Tests | | | |
| | Ultrasound | | | |

Mammograms & Other Breast Exams 77057₁, G0202₁, 77055₁, G0206₁, 77056₁, G0204₁, , 76641, 76642

X-rays & Biophysical Tests 74010₁, 74000₁, 76818₁, 59025

Ultrasound 76805₁, 76830₁, 76856₁, 76857₁, 76881₁, 76882₁

Laboratory & STI Testing Service Section: CPT Code Definitions

| | | | | |
|-------------------------------------|---|--|--|--|
| Laboratory & STI Testing | Sexually Transmitted Infections Testing | | | |
| | HIV Testing | | | |
| | Other Infectious Agents | | | |
| | All Other Labs | | | |

| | |
|---|--|
| Sexually Transmitted Infections Testing | 86592, 86695, 86696, 87110, 87252, 87490, 87491, 87510, 87590, 87591, 87624, 87660, 87810, 87850, CD624? |
| HIV Testing | 86689, 86701, 86703 |
| Other Infectious Agents | 86580, 86762, 86777, 86778, 86803, 87210, 87220, 87340, 87480, 87800 |
| All Other Labs | Any other labs not included in the codes above |

Immunizations Service Section: CPT Code Definitions

| | | | | |
|----------------------|---|--|--|--|
| Immunizations | Influenza only | | | |
| | Diphtheria, Tetanus, Pertussis, and other in single vaccine | | | |
| | All other Immunizations | | | |

| | |
|---|--|
| Influenza only | 90470, 90654, 90656, 90658, 90659, 90660, 90662, 90663, 90664, 90666, 90668, 90672, 90686, 90724 & 90655, 90657, 90685 |
| Diphtheria, Tetanus, Pertussis, and other (in a single vaccine) | 90698, 90701, 90720, 90721, 90723 & 90696, 90700 |
| All other Immunizations | Any immunization not covered in the codes above |

Prescriptions: Definitions

| | | | | |
|----------------------|--|--|--|--|
| Prescriptions | All non-contraceptive prescriptions provided | | | |
| | Contraceptive prescriptions provided | | | |

| | |
|--|---|
| All non-contraceptive prescriptions provided | Any prescription not covered under contraceptive prescriptions provided |
| Contraceptive prescriptions provided | Any prescription provided to prevent pregnancy |

Emergency Medical Services Service Section: Definitions

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|----------------------------|---|--|--|--|
| Emergency Medical Services | Please see the PHC policy manual for a description of qualifying emergency medical services | | | |
|----------------------------|---|--|--|--|

Qualifying emergency medical services and the definition of emergency medical service is provided in the PHC Policy Manuals. Emergency medical services should include clients that were provided services under “presumptive eligibility”. All of these clients should be included **EXCEPT** those that were provided family planning and prenatal care services. Those services are reported in other areas on the EPHC 225E form.

All emergency medical services should be counted here **EXCEPT** family planning and prenatal care services. Those services reported in other areas on the PHC 225 form.

Therapeutic Dental Service Section: CDT Code Definitions

| | | | | |
|-----------------|--|--|--|--|
| Dental Services | Therapeutic dental services (Excluding prenatal clients) | | | |
|-----------------|--|--|--|--|

The PHC Policy Manual outlines the types of dental services that can be provided. The dental services reported here should focus on *therapeutic dental services* that can be provided to all clients (dental codes are provides in the PHC Policy Manual). Do not include dental services provided to pregnant women, those will be reported in another section of this report.

Submitting the Form

You should save a copy of the completed form for your records. If you are pulling numbers from your system monthly instead of YTD, keeping a copy of this form will help you with reporting in the next month; simply add your numbers of *new* clients for the current month to what you reported in the previous month. Also, if we have a question, you will be able to answer it quickly if you have a saved copy of the form.

Once the form is completed and saved, you can click on “Submit Form” button and an email will automatically be generated with the PHC 225 attached. In order for the automatic email to be generated, you must have a designated default email program identified on your computer*. You will also need to attach the B13 form to this email.

The automatic email will be sent to CDSB and DSHS Invoice (do not forget to attach the B13 form, as well). If you prefer to compose the email and attach the forms, the email should be sent to *both* CDSB Inbox (CDSB@dshs.state.tx.us) and DSHS Invoice (invoices@dshs.state.tx.us).

*Please contact your IT support for setting the default email program on your computer. The PHC office cannot provide technical assistance in this regard. Not all email clients support this format. If you are unable to use the Submit Button feature, please attach the 225 and the B13 to the same message and mail to the inbox addresses above.

If you have any questions about the data that should be entered on the forms or general questions about reporting, please do not hesitate to contact your contract manager.